Name in Full: Cleveland Adams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 Month: Dec Day: 31

Age: Years 20 Months 6 Days 8

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Laborer

Where Residing if not at place of death: Kingston Md

~~Married~~, Single or ~~Widowed~~

Name of Wife or Husband

Father's Name: Washington Adams

Father's Birthplace: Md

Mother's Maiden Name: Patty A Daugherty

Mother's Birthplace: Md

Name of person giving Information: George Adams

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever

How long: 4

Immediate: Toxaemia

How long: 6 or 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W Reeves MD

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Hayman Adison

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Fruitland — County: Wicomico

Date of death 1904 — Month: Dec. — Day: 14

Age — Years: 76 — Months: 10 — Days: 15

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: None — Where Residing if not at place of death: at Fruitland

Married, Single or Widowed: Widower — Name of Wife or Husband: Leah J. Hayman

Father's Name: Josiah Hayman — Father's Birthplace: Maryland

Mother's Maiden Name: Rebecca Morris — Mother's Birthplace: "

Name of person giving information: Mrs Emma Twilley — How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~ There was no Doctor to see — How long? hrs.

~~Immediate~~ I have no knowledge of cause of death — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~: Geo. E. Hill

Address: Undertaker, Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A69016

Name in Full: Mary E. Barclay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eden; County: Wicomico

Date of death: Month: Dec. Day: 7 Year: 1904

Age: Years: 37 Months: 6 Days:

Sex: Female

Color or Race: Black

Birthplace: Penn'a

Occupation: housewife

Where Residing if not at place of death: at home

Married, Single or Widowed:

Name of Wife or Husband: Edward J. Barkley

Father's Name: L. S. Taylor

Father's Birthplace: Penn'a.

Mother's Maiden Name: Hester Christopher

Mother's Birthplace: "

Name of person giving Information: Lee Darnell

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: Several months

Immediate: Exhaustion — How long: (weeks?)

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician: Dr. Dick

Address: Salisbury Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Mary Bounds

CERTIFICATE OF DEATH

MARYLAND

Died at / near: Collins Wharf — Town: — County: Wicomico

Date of death	Month	Day	Age	Months	Days
1904	Dec.	25	5-5-		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: White	Birthplace: Wicomico Co. Md.	
Occupation: Housekeeper	Where Residing if not at place of death: Azariah Bound home		
Married, Single or Widowed: Single	Name of Wife or Husband:		
Father's Name:		Father's Birthplace:	
Mother's Maiden Name:		Mother's Birthplace:	
Name of person giving Information: J. B. Bradley		How related to deceased: none	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No Doctor attended her she		How long
Immediate: was said to have been paralyged		How long
Are the name, age, sex, color, date, and place correctly given above? I think so	Signature of Physician: Geo. C. Hill	
	Address: Undertaker Salisbury Md.	
Accident or Suicide?		

LIBRARY BUREAU A6691G

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Salisbury — (County): Wicomico

Date of death: 1904 — Month: Dec — Day: 15 (?) — Age: Premature birth (8 mos) — Years / Months / Days

Sex: Male — Color or Race: White — Birthplace: Salisbury, Md

Occupation: none — Where Residing if not at place of death: ✓

Married, Single or Widowed: ✓ — Name of Wife or Husband: ✓

Father's Name: Chas L. Campbell — Father's Birthplace: Richmond Va

Mother's Maiden Name: Mary Wells — Mother's Birthplace: Delaware

Name of person giving information: ~~Jno C~~ Chas. C. Wells — How related to deceased: Father

3.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: This was a premature — How long

Immediate: birth at 8 mos; Cause unknown — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M McPhelik

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A8618

Name in Full: George Cornish

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pg Co Hospital | County: Salisbury

Date of death 1904: Month: Dec | Day: 3rd | Age: Years: 27 | Months | Days

Sex: Male | Color or Race: Col'd | Birthplace

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

Father's Name | Father's Birthplace

Mother's Maiden Name | Mother's Birthplace

Name of person giving Information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis | How long: Don't Know

Immediate: Pulmonary Oedema | How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? To best as I Know

Signature of Physician: J. McQuirk

Address: Salisbury, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Ethel V Elsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nanticoke; County: Wicomico

Date of death	Month	Day	Years	Months	Days
1904	Dec	9	Age 24		

Sex: Female | Color or Race: Colored | Birthplace: Nanticoke

Occupation: Domestic | Where Residing if not at place of death: Nanticoke

Married, ~~Single~~ or ~~Widowed~~ | Name of ~~Wife~~ or Husband: Geo A. Elsey

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Wm P. Hutter	Father's Birthplace	Nanticoke
Mother's Maiden Name	Mary H Hutter	Mother's Birthplace	"
Name of person giving Information	Geo. A Elsey	How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Six Months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J H O Day M D

Address: Jesterville Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Ethel Elsey

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pocomoke — County: Worcester

Date of death 1907: Month: Dec. — Day: 4 — Age: Years: 24 — Months: 7 — Days: 23

Sex: Female — Color or Race: Colored — Birthplace: Pocomoke

Occupation: Domestic — Where Residing if not at place of death: Pocomoke

Married, Single or Widowed: Married — Name of ~~Wife~~ or Husband: George A. Elsey

Father's Name: Wm. P. Tuttle — Father's Birthplace: Pocomoke

Mother's Maiden Name: Mary A. Hardy — Mother's Birthplace: Pocomoke

Name of person giving Information: Rosa J. Tuttle — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 months

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. O'Day M.D.

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A89016

Name in Full: Benton Greene

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Salisbury — County: Wicomico

Date of death: 1904 — Month: Dec — Day: 21

Age — Years: 72 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Book - Seller — Where Residing if not at place of death: Whaleyville Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Dont Know — Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know — Mother's Birthplace: Dont Know

Name of person giving In formation: Peninsula Gen. Hospital — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Gangrene — How long: about 6 months

Immediate: Heart Trouble — How long: about 4 months

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Think So.

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Josiah Handy

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: on Spring Hill road County: Wicomico

Date of death: Month: Dec Day: 4 Year: 1904 Age: Years 78 Months Days

Sex: male Color or Race: Black Birthplace: Md

Occupation

Where Residing If not at place of death

Married, ~~Single~~ or ~~Widowed~~ Name of ~~Wife~~ or ~~Husband~~: Eliza Handy

Father's Name: Harry Handy Father's Birthplace: Md

~~Maiden~~ Mother's Name: Sarah Handy Mother's Birthplace

Name of person giving Information: Harry Handy How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND OR PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Chronic Heart Disease (Aortic) How long: 2 years

Immediate: Cardiac Insufficiency How long: Several weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Louis W. Veasey M.D.

Address: Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU Aseptic

Name In Full

Certificate of Death

Amanda Hitch

Town: Allen County: Wic

Died at Allen, MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
12	23	68	2	5	Md	Housekeeper

Date 1904

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Robt J Hitch

Father's Name Thornton Phoebus

Mother's Maiden Name Mary Wilson

Cause of Death: Primary Pneumonia

Immediate Cardiac failure

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by I T Long

Address Allen Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Annie Hitch

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: Month: Dec; Day: 27; 1904

Age: Years: 46; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Housework

Where Residing if not at place of death:

~~Married~~ Single or Widowed

Name of ~~Wife~~ or Husband: Thomas Hitch

Father's Name: Isaac Cantwell

Father's Birthplace: Md

Mother's Maiden Name: Mary E Hulland

Mother's Birthplace: Md

Name of person giving information: Mary E Cantwell

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid

How long: 8 or 10 days

Immediate: Typhoid Pneumonia

How long: 2 or 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. H. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: John T Jones

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CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Nantucket — County: Nansemond

Date of death: Month: Dec — Day: 20 — 1904

Age: Years: 21 — Months: — Days: —

Sex: Male — Color or Race: Col'd — Birthplace: Nantucket

Occupation: Steamer — Where Residing if not at place of death: "

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Cornelia Bardley

Father's Name: Joseph Jones — Father's Birthplace: Nantucket

Mother's Maiden Name: Hester Jones — Mother's Birthplace: "

Name of person giving information: Cornelia Jones — How related to deceased: wife

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: 8 months

Immediate: Consumption — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address: Dr J H Day Suffolk Va

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Sallie E. Littleton

CERTIFICATE OF DEATH

MARYLAND

Died ~~or~~ near Town: Powellsville County: Wicomico

Date of death: 1904 Month: Dec. Day: 29 Age: Years 65 Months Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female Color or Race: white Birthplace: Maryland

Occupation: Housekeeper Where Residing if not at place of death: At home

Married, Single or Widowed: Widow Name of Wife or Husband: John Littleton

Father's Name: William Winfrow Father's Birthplace: Md.

Mother's Maiden Name: Sallie Dixon Mother's Birthplace:

Name of person giving In formation: E. J. Truitt How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~ Dr. Freeny of Pittsville attended her How long

~~Immediate~~ and pronounced cause of death Typhoid fever How long

Are the name, age, sex, color, date and place correctly given above? So far as I know yes

Signature of ~~Physician~~ Geo. E. Hill

Address Undertaker Salisbury Md.

Accident or Suicide? I had no way of getting certificate from him

LIBRARY BUREAU A83818

Name in Full: Charles Mitchell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): near Quantico — (County): Wicomico

Date of death: 1904 — Month: Dec — Day: 28 — Age: Years: 75 — Months: — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Quantico Md

Occupation: Laborer — Where Residing if not at place of death: Quantico Md

Married, Single or Widowed: Married — Name of Wife or Husband: Elizabeth Mitchell

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Sarah Mitchell — Mother's Birthplace: Quantico

Name of person giving information: J. M. Jones — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Over work and Exposure — How long: More

Immediate: Heart Failure — How long: than a year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm H H Dashiell

Address: Quantico Md

Accident or Suicide?

l

LIBRARY BUREAU A66816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary E Morris

Died at — Town: Salisbury — County: Wicomico

Date of death: Month: Dec — Day: 21 — 1904

Age: Years: 69 — Months: 11 — Days: 25

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, ~~Single~~ or Widowed — ~~Name of Wife~~ or Husband: Wm R Morris

Father's Name: Benjamin Maddox — Father's Birthplace: Md

Mother's Maiden Name: Sallie White — Mother's Birthplace: Md

Name of person giving information: Ida Morris — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis & Chronic Kidney Disease — How long: Several Years

Immediate: Apoplexy & Exhaustion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. M. Simmons

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: Mary E Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904 Month: Dec Day: 29

Age: Years: 75 Months: Days:

Sex: Female

Color or Race: White

Birthplace:

Occupation:

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of ~~Wife~~ or Husband: Jacob Parker

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dont Know

Father's Birthplace:

Mother's Maiden Name: Dont know

Mother's Birthplace:

Name of person giving In formation: Charles B. Boston

How related to deceased: Son in law

CAUSES OF DEATH

Primary: Cystitis

How long: Dont Know

Immediate: Dont Know

How long:

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Think So

Signature of Physician: Geo. W. Todd

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full Joseph Prattis (Prattis) Certificate of Death

Died at Town [illegible] County Worcester MARYLAND

Date 1904 Month Nov Day 1st | Age Y. 15 M. D. | Native of Maryland Occupation Farmer

Male ~~White~~ ~~Married~~ ~~Widower~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of —

Wife

Father's Name Wm E Prattis Mother's Maiden Name Gertrude Adkins

Cause of Death: Primary accidental shot — How long sick —

Immediate Lost of blood from shot in head

Accident, ~~Suicide, Homicide~~

Reported by Dr. J. Fontaine Smith

Address Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7989

Name in Full: Ella M Townsand

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kelleys Post office; County: Wicomico

Date of death: Month: Dec; Day: 16; 1904

Age: Years: 21; Months: ; Days:

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Housework

Where Residing If not at place of death:

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife~~ or Husband: William M Townsand

Father's Name: Peter Tyre

Father's Birthplace: Md

Mother's Maiden Name: Rosa Jinkins

Mother's Birthplace: " "

Name of person giving Information: Leonard F Townsend

How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia 93

How long:

Immediate: Fracture of Skull

How long: 10 days

Are the name, age, sex, color, date and place correctly given above? ✓

Signature of Physician: Louis W. Moore M.D.

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Infant Townsend

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Siloam — (County) Wecomico

Date of death 1904 — Month: Dec. — Day: 8 — Age: Years: One — Months: 6 — Days: 15

Sex: Female — Color or Race: White — Birthplace: near Siloam

Occupation: — Where Residing if not at place of death: At the fathers home

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Elsner Townsend — Father's Birthplace: Near Siloam Md.

Mother's Maiden Name: Sarah Smith — Mother's Birthplace: " " "

Name of person giving In formation: Jesse Brumbley — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Supposed to be consumption — How long: dont know

Immediate: Dr. J. F. Tilsons of allen attended child) — How long:

Are the name, age, sex, color, date and place correctly given above? To the best of my knowledge yes — Signature of Physician: Geo. E. Hall Undertaker

Address: Salisbury Md.

Had no way of getting certificate from Dr. Sons

(Accident or Violence?)

LIBRARY BUREAU A66616

Name in Full: Infant of Capt Wm G. Vaughan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town. Near Allen — County. Wicomico

Date of death	Month	Day	Years	Months	Days
1904	Dec.	8	Age 0	0	0

Sex: Female | Color or Race: White | Birthplace: Near Allen Md.

Occupation: | Where Residing if not at place of death: Near Allen Md.

Married, Single or Widowed: | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Capt Wm G. Vaughan	Father's Birthplace	Maryland
Mother's Maiden Name	Annie L. Chatham	Mother's Birthplace	"
Name of person giving information	R. J. Chatham	How related to deceased	Uncle

CAUSES OF DEATH

Primary	Dead Born S.	How long
Immediate		How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of ~~Physician~~ Geo. E. Hill

Address: Undertaker, Salisbury Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: James Whaley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury County: Wicomico

Date of death: Month: Dec Day: 24 1904

Age: Years: 55 Months: Days:

Sex: Male Color or Race: Black Birthplace: Md

Occupation: Laborer Where Residing if not at place of death:

Married, Single or [redacted] Name of Wife or Husband:

Father's Name: Nathaniel Whaley Father's Birthplace: Md

Mother's Maiden Name: Lovie Bishop Mother's Birthplace: Md

Name of person giving information: John Whaley How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia How long: 5 weeks

Immediate: Cardiac failure How long: Immediate

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Salisbury, Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Martha Russella Whittington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mardela Springs; County: Wicomico

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1905	Month: Dec	Day: 21	Age: Years: 67	Months: 3	Days: 15
Sex: Feminine	Color or Race: White		Birthplace: Annamessex		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed: Single	Name of Wife or Husband				
Father's Name: James Whittington			Father's Birthplace		
Mother's Maiden Name: Sallie Lawson			Mother's Birthplace		
Name of person giving In formation: S. A. Brattan			How related to deceased: Not at all.		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know		How long
Immediate: —		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: A. L. Seabrease	
	Address: Mardela Springs Maryland	
Accident or Suicide?		

LIBRARY BUREAU A88615

Name in Full: George W. Wilcox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Salisbury; County: Wicomico

Date of death: 1904; Month: Dec.; Day: 10

Age: Years: 62; Months: 7; Days: 6

Sex: Male

Color or Race: American.

Birthplace: New Bedford, Del

Occupation: Clergyman - M. E. Church

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Mrs. Emma L. Wilcox.

Father's Name: James Wilcox

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: J. H. Wilcox

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Albuminuria & Arteria-Sclerosis

How long: For 3 years

Immediate: Cerebral Hemorrhage & Coma

How long: 4 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Clemons

Address: Salisbury Md

Accident or Suicide?

LIBRARY BUREAU A66313